IMPLEMENTATION PLAN AND DELIVERABLES

The Implementation Plan and Deliverables section describes DHS requirements for specific deliverables, activities, and timeframes that the Contractor must complete during the Implementation Period before beginning Operations.

Once the Contract is awarded the Contractor has 15 days after they sign the contract to submit a Workplan for each county that describes in detail how and when the Contractor will submit and complete the deliverables to DHS in accordance with the Implementation Plan and Deliverables section. The Contractor's Workplan(s) will include a timetable to accomplish the activities to assure timely start-up of operations and contingency plans in the event of implementation delays.

The Implementation Period begins with the effective date of the Contract and extends to the beginning of the Operations Period (approximately 6 months after the effective date of the contract). The Operations Period is the period of time beginning with the effective date of the first month of operations and continues on through the last month of capitation and services to Members.

The Contractor's Workplan(s) will identify all of the deliverables, milestones, and timeframes to achieve an orderly sequence of events that will lead to compliance with all contract requirements. DHS will review and approve each of the Workplan(s). However, Contractor shall not delay the submission of deliverables required in the Workplan(s) while waiting for DHS approval of previously submitted deliverables required by the Workplan(s). Contractor will continue to submit deliverables based on the milestones and timeframes set forth in the approved DHS Workplan(s). In the event the Contractor fails to submit all deliverables in accordance with the milestones and timeframes in the approved DHS Workplan(s), DHS may impose Liquidated Damages in accordance with Exhibit E - Additional Provisions, Attachment 2 - General Terms and Conditions, 17. Liquidated Damages Provisions.

In the event that this section omits a deliverable required by the Contract, the Contractor will still be responsible to assure that all contract requirements are met. Upon successful completion of the Implementation Plan and Deliverables section requirements, DHS will authorize, in writing, that the Contractor may begin the Operations Period.

1. Organization and Administration of Plan

a. Submit documentation of employees (current and former State employees) who may present a conflict of interest.

b. Submit a complete organizational chart.

c. If the Contractor is a subsidiary organization, submit an attestation by the parent organization that this Contract will be a high priority to the parent organization.

d. Submit an attestation that the medical decisions made by the medical director will not be unduly influenced by fiscal or administrative management.

e. Submit policies and procedures describing the representation and participation of Medi-Cal Members on Contractor's Public Policy Advisory Committee.

f. Submit the following Knox-Keene license exhibits and forms reflecting current operation status:

1) Type of Organization: Submit the following applicable exhibits and forms as appropriate for its type of organization and administration of the health plan.

a) Corporation: Exhibits F-1-a-i through F-1-a-iii and Corporation Information Form, Form HP 1300.51-A. (See Appendix 8 of RFP)
b) Partnership: Exhibits F-1-b-i and F-1-b-ii and Partnership Information Form, Form HP 1300.51-B. (See Appendix 9 of RFP)
c) Sole Proprietorship: Exhibit F-1-c and Sole Proprietorship Information Form, Form HP 1300.51-C. (See Appendix 10 of RFP)
d) Other Organization: Exhibits F-1-d and F-1-d-ii, and Information Form for other than Corporations, Partnerships, and Sole Proprietorships, Form HP 1300.51-D.
e) Public Agency: Exhibits F-1-e-I through F-1-e-iii.

Title 28, CCR, Section 1300.51(d)(F)(1)(a) through (e)

2) Exhibit F-1-f: Individual Information Sheet (Form HP 1300.51.1) for each person named in response to item 1) above. (See Appendix 11 of RFP)
Title 28, CCR, Section 1300.51(d)(F)(1)(f)

3) Exhibits F-2-a and F-2-b: contracts with Affiliated person, Principal Creditors and Providers of Administrative Services.

4) Exhibit F-3 Other Controlling Persons.

Title 28, CCR, Section 1300.51(d)(F)

5) In addition to Exhibits F, Contractor shall demonstrate compliance with requirements of Title 22, CCR, Sections 53874 and 53600. Identify any individual named in this item b. that was an employee of the State of California in the past 12 months. Describe their job position and function while a State employee.

g. Submit Exhibit M-2: Statements as to each person identified in Section L. Technical Proposal Requirements, provision 1. Organization and Administration, a. 2) (Exhibit L) and 3). (Exhibit M-1)

Title 28, CCR, Section 1300.51(d)(M)(2)

h. Submit Exhibits N-1 and N-2: Contracts for Administrative Services.

Title 28, CCR, Section 1300.51(d)(N)(2)

i. If, within the last five (5) years, Contractor has had a contract terminated or not renewed for poor performance, nonperformance, or any other reason, Contractor shall submit a summary of the circumstances surrounding the termination or non-renewal. Describe the parties involved, including address(es) and telephone number(s). Describe the Contractor's corrective actions to prevent future occurrences of any problems identified.

j. Contractor shall describe provisions and arrangements, existing, and proposed, for including Medi-Cal Members in their Public Policy Advisory Committee development process. Identify the composition and meeting frequency of any committee participating in establishing the Contractor's public policy. Describe the frequency of the committee's report submission to the Contractor's Governing Body, and the Governing body, and the Governing Body's process for handling reports and recommendations after receipt.

2. Financial Information

All submitted financial information must adhere to Generally Accepted Accounting Principles (GAAP), unless otherwise noted.

Note: Where Knox-Keene license exhibits are requested, the descriptions of exhibit content may have been amended to address Medi-Cal program needs or industry terminology.

a. Submit most recent audited annual financial reports

b. Submit quarterly financial statements with the most recent quarter prior to execution of the Contract.

c. Submit the following Knox-Keene license exhibits reflecting projected financial viability:

1) Exhibit HH-1
2) Exhibit HH-2

(Title 28, CCR, Section 1300.76)

3) In addition to Exhibit HH-2, include projected Medi-Cal enrollment for each month and cumulative Member months for quarterly financial projections.

d. Submit Knox-Keene license Exhibit HH-6. Include the following:

1) Exhibit HH-6-a:
2) Exhibit HH-6-b:
3) Exhibit HH-6-c
4) Exhibit HH-6-d:
5) Exhibit HH-6-e:

Title 28, CCR, Section 1300.51(d)(HH)

e. Describe any risk sharing or incentive arrangements. Explain any intent to enter into a stop loss option with DHS. Also describe any reinsurance and risk-sharing arrangements with any subcontractors shown in this Proposal. Submit copies of all policies and agreements. For regulations related to Assumption of Financial Risk and Reinsurance, see Title 22, CCR, Sections 53863 and 53868.

f. Fiscal Arrangements: Submit the following Knox-Keene license exhibits reflecting current operation status:

1) Exhibit II-1
2) Exhibit II-2
3) Exhibit II-3

Title 28, CCR, Section 1300.51(d)(II)

g. Describe systems for ensuring that subcontractors who are at risk for providing services to Medi-Cal Members, as well as any obligations or requirements delegated pursuant to a subcontract, have the administrative and financial capacity to meet its contractual obligations. Title 28, CCR Section 1300.70(b)(2)(H)1. Title 22, CCR, Section 53250.

h. Submit financial policies that relate to Contractor's systems for budgeting and operations forecasting. The policies should include comparison of actual operations to budgeted operations, timelines used in the budgetary process, number of years prospective forecasting is performed, and variance analysis and follow-up procedures.

i. Describe it process to ensure timely filing of required financial reports. The description should include mechanisms for systems oversight for generating financial and operational information, including a tracking system with lead times and due dates for quarterly and annual reports. Describe how this process coincides with the organization's management information system. Additionally, Contractor shall describe how it will comply with the Administrative cost requirements in Title 22, CCR, Section 53864(b).

j. Submit policies and procedures for a system to evaluate and monitor the financial viability of all subcontracting entities.

3. Management Information System

Note: Contractor's readiness for operation will be reviewed against the "Model MIS Guidelines" (Appendix 4 of RFP). See Appendix 6 of the RFP for additional information.

a. Submit a completed MCO Baseline Assessment Form (see Appendix 5 of RFP).

b. If procuring a new MIS or modifying a current system, Contractor shall provide a detailed implementation plan that includes:

1) Outline of the tasks required;
2) The major milestones;
3) The responsible party for all related tasks;

The implementation plan must also include:

1) A full description of the acquisition of software and hardware, including the schedule for implementation;
2) Full documentation of support for software and hardware by the manufacturer or other contracted party;
3) System test flows through a documented process that has specific control points where evaluation data can be utilized to correct any deviations from expected results;
4) Documentation of system changes related to pending Health Insurance Portability and Accountability Act of 1996 requirements.

c. Submit a detailed description of how Proposer will monitor the flow of encounter data from provider level to the organization?

d. Submit Encounter data test tape produced from State supplied data.

e. Submit policies and procedures for the complete, accurate, and timely submission of Encounter-level data.

f. Submit a work plan for compliance with the Health Insurance Portability and Accountability Act of 1996.

g. Submit the data security, backup, or other data disaster processes used in the event of a MIS failure.

h. Submit a detailed description of the proposed and/or existing MIS as it relates to the following subsystems;

1) Financial
2) Member/Eligibility
3) Provider
4) Encounter/Claims
5) Quality Management/Utilization

h. Submit a sample and description of the following reports generated by the MIS;

1) Member roster
2) Provider Listing
3) Capitation payments
4) Cost and Utilization
5) System edits/audits
6) Claims payment status/processing
7) Quality Assurance
8) Utilization
9) Monitoring of Complaints

4. Quality Improvement System

a. Submit a flow chart and/or organization chart identifying all components of the QIS and who is involved and responsible for each activity.

b. Submit policies that specify the responsibility of the Governing Body in the QIS.

c. Submit policies for the QI Committee including membership, activities, roles and responsibilities.

d. Submit procedures outlining how providers will be kept informed of the written QIS, its activities and outcomes.

e. Submit policies and procedures related to the delegation of the QIS activities.

f. Submit boilerplate subcontract language showing accountability of delegated QIS functions and responsibilities.

g. Submit a written description of the QIS.

h. Policies and procedures to address how the Contractor will meet the requirements of:

1) External Accountability Set (EAS) Performance Measures
2) Quality Improvement Projects
3) Consumer Satisfaction Survey

i. Submit policies and procedures for performance of Primary Care Provider site reviews.

j. Submit a list of sites to be reviewed prior to initiating plan operation

k. Submit the aggregate results of pre-operational site review to DHS at least six (6) weeks prior to Plan operation. The aggregate results shall include all data elements defined by DHS.

l. Submit policies and procedures for reporting any disease or condition to public health authorities.

m. Submit policies and procedures for credentialing and re-credentialing.

n. Submit policies and procedures for appropriate handling and maintenance of medical records regardless of form (electronic, paper, etc.).

5. Utilization Management

a. Submit written description of UM program that describes appropriate processes to be used to review and approve the provision of medical services.

b. Submit policies and procedures for pre-authorization, concurrent review, and retrospective review.

c. Submit a list of services requiring prior authorization and the utilization review criteria.

d. Submit policies and procedures for the utilization review appeals process for providers and members.

e. Submit policies and procedures that specify timeframes for medical authorization.

f. Submit policies and procedures to detect both under- and over-utilization of health care services.

g. Submit policies and procedures showing how delegated activities will be regularly evaluated for compliance with Contract requirements and, that any issues identified through the UM program are appropriately resolved, and that UM activities are properly documented and reported.

6. Provider Network

a. Submit complete provider network showing the ability to serve sixty percent (60%) of the Eligible Beneficiaries in the county pursuant to the Contract.

b. Submit policies and procedures describing how Contractor will monitor provider to patient ratios to ensure they are within specified standards.

c. Submit policies and procedures regarding physician supervision of non-physician medical practitioners.

d. Submit policies and procedures for providing emergency services

e. Submit a complete list of specialists by type within the Contractor's network.

f. Submit policies and procedures for how Contractor will meet Federal requirements for access and reimbursement for in-Plan and/or out-of-Plan FQHC services.

g. Submit a GeoAccess report (or similar) showing that the proposed provider network meets the appropriate time and distance standards set forth in the Contract.

h. Submit a policy regarding the availability of a health plan physician 24-hours a day, 7-days a week, and procedures for communicating with emergency room personnel.

i. Submit a report containing the names of all subcontracting provider groups (see Exhibit A, Attachment 6, provision 12 for format).

j. Submit an analysis demonstrating the ability of the Contractor's provider network to meet the ethnic, cultural, and linguistic needs of the Contractor's Members.

k. Submit all boilerplate subcontracts.

l. Submit policies and procedures that establish Traditional and Safety-Net Provider participation standards.

m. Submit an attestation as to the percentage of Traditional and Safety-Net Providers in the Contractor's network and agreement to maintain that percentage.

7. Provider Relations

a. Submit policies and procedures for provider grievances.

b. Submit a written description of how Contractor will communicate the provider grievance process to subcontracting and non-contracting providers.

c. Submit protocols for payment and communication with non-contracting providers.

d. Submit copy of provider manual.

e. Submit a schedule of provider training to be conducted during year one of operation. Include date, time and location, and complete curriculum.

f. Submit protocols for communicating and interacting with all emergency departments in the Service Area.

8. Provider Compensation Arrangements

a. Submit policies and procedures regarding timing of capitation payments to primary care providers or clinics.

b. Submit description of any physician incentive plans.

c. Submit policies and procedures for processing and payment of claims.

d. Submit policies regarding the prohibition of a claim or demand for services provided under the Medi-Cal managed care contract, to any Medi-Cal member.

e. Submit Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Service Facilities subcontracts.

f. Submit policies and procedures for the reimbursement of Non-Contracting Certified Nurse Midwives (CNM) and Certified Nurse Practitioners (CNP).

g. Submit policies and procedures for the reimbursement to local health department and non-contracting family planning providers for the provision of family planning service, STD episode, and HIV testing and counseling.

h. Submit policies and procedures for the reimbursement of immunization services to local health department.

i. Submit policies and procedures regarding payment to non-contracting emergency services providers. Include schedule of per diem rates and/or Fee-for-service rates for each of the following provider types;

1) Primary Care Providers
2) Medical Groups and Independent Practice Associations
3) Specialists
4) Hospitals
5) Pharmacies

9. Access and Availability

a. Submit policies and procedures that include standards for:

1) Appointment scheduling
2) Routine specialty referral
3) First prenatal visit
4) Waiting times
5) Urgent care
6) After-hours calls
7) Unusual specialty services

b. Submit policies and procedures for the timely referral and coordination of Covered Service to which the Contractor or subcontractor has objections to perform or otherwise support.

c. Submit policies and procedures for standing referrals.

d. Submit policies and procedures regarding 24-hr./day access without prior authorization, follow-up and coordination of emergency care services.

e. Submit policies and procedures regarding access to Nurse Midwives and Nurse Practitioners.

f. Submit applicable section of Member Services Guide stating Member's right to access family planning services without prior authorization.

g. Submit policies and procedures for the provision of and access to:

1) Family planning services
2) Sexually transmitted disease treatment
3) HIV testing and counseling services
4) Pregnancy termination
5) Minor consent services
6) Immunizations

h. Submit policies and procedures regarding access for disabled members pursuant to the Americans with Disabilities Act of 1990.

i. Submit policies and procedures regarding Contractor and subcontractor compliance with the Civil Rights Act of 1964.

j. Submit a written description of the Cultural and Linguistic Services Program.

k. Submit a timeline and work plan for the development and performance of a Group Needs Assessment.

l. Submit policies and procedures for providing cultural competency, sensitivity or diversity training for staff, providers, and subcontractors.

m. Submit policies and procedures for monitoring and evaluation of the Cultural and Linguistic Services Program.

n. Submit policies and procedures for the provision of 24-hour interpreter services at all provider sites.

o. Submit policies and procedures describing the membership of the Community Advisory Committee (CAC) and how the Contractor will ensure the CAC will be involved in appropriate policy decisions.

10. Scope of Services

a. Submit policies and procedures for providing Initial Health Assessments (IHA) for adults and children. Include components (including Behavioral Health Assessment) of the IHA.

b. Submit policies and procedures, including standards, for the provision of the following services for Members under Twenty-One (21) years of age:

1) Children's preventive services
2) Immunizations
3) Blood Lead screens
4) Screening for Chlamydia
5) EPSDT supplemental services

c. Submit policies and procedures for the provision of adult preventive services, including immunization.

d. Submit policies and procedures for the provision of services to pregnant women, including:

1) Prenatal care
2) Use of American College of Obstetricians and Gynecologists (ACOG) standards and guidelines
3) Comprehensive risk assessment tool for all pregnant women
4) Referral to specialists

e. Submit a list of appropriate hospitals available within the provider network that provide necessary high-risk pregnancy services.

f. Provide a detailed description of health education system including policies and procedures regarding delivery of services, administration and oversight.

g. Provide a list and schedule of all health education classes and/or programs.

h. Submit policies and procedures for the provision of:

1) Hospice care
2) Vision care – Lenses
3) Mental health services
4) Tuberculosis services

i. Submit standards and guidelines for the provision of Pharmaceutical services and prescribed Drugs.

j. Submit a complete drug formulary.

k. Submit a process for review of drug formulary.

l. Submit policies and procedures for conducting drug utilization reviews.

11. Case Management and Coordination of Care

a. Submit procedures for monitoring the coordination of care provided to Members.

b. Submit policies and procedures for coordinating care of Members who are receiving services from a targeted case management provider.

c. Submit policies and procedures for the referral of Members under the age of 21 years that require case management services.

d. Submit policies and procedures for a disease management program. Include policies and procedures for identification and referral of Members eligible to participate in the disease management program.

e. Submit policies and procedures for referral and coordination of care for Members in need of Specialty Mental Health Services from the local Medi-Cal mental health plan or other community resources.

f. Submit policies and procedures for resolving disputes between Contractor and the local mental health plan.

g. Submit policies and procedures for identification, referral and coordination of care for Members requiring alcohol or substance abuse treatment services from both within and, if necessary, outside the Contractor's Service Area.

h. Submit a detailed description of Contractor's program for Children with Special Health Care Needs (CSHCN).

i. Submit policies and procedures for identifying and referring children with CCS-eligible conditions to the local CCS program.

j. Submit policies and procedures for the identification, referral and coordination of care for Members with developmental disabilities in need of non-medical services from the local Regional Center and the DDS-administered Home and Community Based Waiver program.

k. Submit policies and procedures for the identification, referral and coordination of care for Members at risk of developmental delay and eligible to receive services from the local Early Start program.

l. Submit policies and procedures for case management coordination of care of LEA services, including primary care physician involvement in the development of the Member's Individual Education Plan or Individual Family Service Plan.

m. Submit policies and procedures for case management coordination of care of Members who receive services through local school districts or school sites.

n. Submit a description of the cooperative arrangement Contractor has with the local school districts, including the subcontracts or written protocols/guidelines, if applicable.

o. Submit policies and procedures describing the cooperative arrangement that Contractor has regarding care for children in Foster Care.

p. Submit policies and procedures for identification and referral of Members eligible to participate in the HIV/AIDS Home and Community Based Waiver Program.

q. Submit policies and procedures for the provision of dental screening and covered medical services related to dental services.

r. Submit policies and procedures for coordination of care and case management of Members with the LHD TB Control Officer.

s. Submit policies and procedures for the assessment and referral of Members with active TB and at risk of non-compliance with TB drug therapy to the LHD.

t. Procedures to identify and refer eligible Members for WIC services.

u. Submit policies and procedures for the assessment and subsequent disenrollment of Members eligible for the following services:

1) Long-term care
2) Major organ transplants
3) Waiver programs

12. Local Health Department Coordination

a. Submit executed subcontracts or documentation substantiating Contractor's efforts to enter into subcontracts with the LHD for the following public health services:

1) Family planning services
2) STD services
3) HIV testing and counseling
4) Immunizations

b. Submit executed subcontracts, Memoranda of Understanding, or documentation substantiating Contractor's efforts to negotiate an agreement with the following programs or agencies:

1) California Children Services (CCS)
2) Maternal and Child Health
3) Child Health and Disability Prevention Program (CHDP)
4) Tuberculosis Direct Observed Therapy
5) Women, Infants, and Children Supplemental Nutrition Program (WIC)
6) Regional centers for services for persons with developmental disabilities.

c. Executed MOU or documentation substantiating Contractor's efforts to negotiate a MOU with the local mental health plan.

13. Member Services

a. Submit policies and procedures that address Member's rights and responsibilities. Include method for communicating them to both Members and providers.

b. Submit policies addressing Member's rights to confidentiality of medical information. Include procedures for release of medical information.

c. Submit policies and procedures for addressing advance directives.

d. Submit policies and procedures for the training of Member Services staff.

e. Submit policies and procedures regarding the development content and distribution of Member information. Address appropriate reading level and translation of materials.

f. Submit final draft of Member Identification Card and Member Services Guide (Evidence of Coverage and Disclosure Form).

g. Submit policies and procedures for notifying Members of changes in availability or location of Covered Services.

h. Submit policies and procedures for Member selection of a primary care physician or non-physician medical practitioner.

i. Submit policies and procedures for Member assignment to a primary care physician.

j. Submit policies and procedures for notifying primary care provider that a member has selected or been assigned to the provider within 7-days.

k. Submit policies and procedures demonstrating how, upon entry into the Contractor's network, the relationship between traditional and safety-net providers and their patients is not disrupted, to the maximum extent possible.

l. Submit policies and procedures for notifying Members for denial, deferral, or modification of requests for Prior Authorization.

14. Member Grievance System

a. Submit policies and procedures relating to Contractor's Member Grievance System.

b. Submit policies and procedures for Contractor's oversight of the Member Grievance System for the receipts, processing and distribution including

the expedited review of grievances. Please include a flow chart to demonstrate the process.

c. Submit format for Quarterly Grievance Report.

15. Marketing

a. Submit policies and procedures for training and certification of marketing representatives.

b. Submit a description of training program, including the marketing representative's training/certification manual.

c. Submit Contractor's marketing plan.

d. Submit copy of boilerplate request form used to obtain DHS approval of participation in a marketing event.

16. Enrollments and Disenrollments

a. Submit policies and procedures for how Contractor will update and maintain accurate information on its contracting providers.

b. Submit policies and procedures for how Contractor will access and utilize enrollment data from DHS.

c. Submit policies and procedures relating to Member disenrollment, including, Contractor-initiated disenrollment.